



Presentation Proposal Form

Deadline: November 14, 2003

Fax to: (517) 432-2931 or submit online at: www.mccte.msu.edu

Session Title _____

Lead Presenter

First Name: _____ Last Name: _____
Title: _____ Affiliation: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Co-Presenter

First Name: _____ Last Name: _____
Title: _____ Affiliation: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Co-Presenter

First Name: _____ Last Name: _____
Title: _____ Affiliation: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Co-Presenter

First Name: _____ Last Name: _____
Title: _____ Affiliation: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Educational Categories

Please indicate the **one** educational category that best fits the presentation topic:

- | | | |
|--|---|---|
| <input type="checkbox"/> Career Preparation | <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Lifelong Learning |
| <input type="checkbox"/> Special Populations | <input type="checkbox"/> Partnerships | <input type="checkbox"/> Professional Development |

See reverse side

Room Setup (Chairs will be arranged in rows unless indicated here.)

My preference is: _____

Equipment Needs (Check all that apply.)

(NOTE: Computers, LCD projectors, and specialized equipment must be provided by the presenters.)

- ☐ Lectern ☐ Overhead Projector ☐ Projection Screen ☐ VCR/Monitor
☐ Table or cart with electricity for specialized equipment

Presentation Summary

Please provide a brief (50 words or less) summary describing the content of your session.
If your proposal is chosen, this summary will appear in the conference program.

Are you willing to repeat your session? ☐ Yes ☐ No

If yes, would you like to repeat your session on the same day or on the next day?

☐ Same Day ☐ Next Day ☐ Anytime

Are you applying to be a presenter in another session(s)? ☐ Yes ☐ No

If yes, please indicate the lead presenter and session title(s):

If you have any questions regarding this form, contact John Radford at (800) 292-1606 ext. 7.